

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

WILLIAM DAVID CARROLL,)	
)	
Plaintiff,)	
)	
v.)	CASE NO. 2:06-CV-549-MEF
)	
ANTHONY CLARK, <i>et al.</i> ,)	
)	
Defendants.)	

AFFIDAVIT OF ANNETTE CAIN, L.P.N.

Before me, the undersigned notary public, in and for said County and State, personally appeared **Annette Cain, L.P.N.**, who, after first being duly sworn by me, deposes and states as follows:

1. My name is Annette Cain, L.P.N.. I am over the age of 19 years and have personal knowledge of the facts contained herein.
2. I am a licensed practical nurse. I obtained my L.P.N. degree in 1982 from McArthur State College in Opp, Alabama, and became licensed by the State of Alabama as an L.P.N. in 1982. From 1982 to 1985, I worked as an L.P.N. on the emergency room and surgery departments of Columbia General Hospital in Andalusia, Alabama. From 1985 to 1986, I worked as an L.P.N. for Dr. Joseph Herrod in Enterprise, Alabama, where my nursing care focused on behavioral modification. From 1986 to 1988, I was an L.P.N. at Opp nursing facility. From 1988 to 1990, I was an L.P.N. for Dr. Steven Price in Opp, Alabama, who had a private surgery practice. From 1990 to 1992, I was an L.P.N. at Oxford Home Health Care in Oxford, Alabama. From 1992 to 2005, I was an L.P.N. at Andalusia Manor Nursing Home.

3. From September 2005 to the present, I have been employed as an L.P.N. for Southern Health Partners, Inc. ("SHP") at the Covington County Jail in Andalusia, Alabama. In late November 2005, I became medical team administrator.

4. SHP provides medical care to inmates in various jail facilities including the Covington County Jail. During the entire time of plaintiff's incarceration in the Covington County Jail, health care services have been provided to the inmates by SHP pursuant to a contract between SHP and the Covington County Commission. Health care in the jail is provided under the direction of a medical team administrator as well as a medical director. During the period complained of by the plaintiff in this action, the medical director in the jail was Dr. Millard McWhorter and I was the medical team administrator.

5. When an inmate in the jail requires routine medical care, he or she obtains an inmate sick call slip from the corrections officer on duty in the housing unit and that form is provided to the medical staff for action. Routine sick calls are conducted by the medical staff inside the housing unit.

6. As I understand the plaintiff's complaint in this case, the plaintiff alleges that Dr. McWhorter and I denied him medical attention by failing to respond to his complaints of a toothache.

7. I have reviewed SHP's medical chart concerning the plaintiff, a true and correct copy of which is attached hereto as Exhibit A.

8. The plaintiff was booked into the Covington County Jail on November 19, 2005. On December 17, 2005, the plaintiff underwent a history and a physical, wherein he noted no problem with his teeth.

9. On January 4, 2006, the plaintiff completed a sick call slip, wherein he complained that a piece of his tooth broke off while eating supper. On January 5, 2006, I responded to the plaintiff's sick call, noting that his No. 18 molar had broken into his gum line and that the plaintiff was experiencing some pain. I placed the plaintiff on the inmate dental list and, pursuant to Dr. McWhorter's treatment protocol, ordered that the plaintiff receive ibuprofen 800 mgs. twice a day for 30 days for his pain.

10. After being placed on the dental list, the plaintiff was scheduled for a dental appointment on January 11, 2006, but the plaintiff refused to attend his appointment. The plaintiff was rescheduled for a dental appointment on February 1, 2006, and he again refused to attend the appointment. After his two refusals to see a dentist, the plaintiff was removed from the dental list.

11. From February 1, 2006 through June 11, 2006, the plaintiff completed no sick call slips and made no complaints of tooth problems.

12. On June 12, 2006, the plaintiff completed a sick call slip, complaining of a toothache. In his complaint in this lawsuit, the plaintiff alleges that he was denied adequate medical treatment in response to this sick call slip. That is not true. On June 15, 2006, Dianne Williams, LPN, saw the plaintiff in response to his toothache complaint. Ms. Williams noted that the plaintiff had an abscess to the back of his upper tooth. She placed the plaintiff on the inmate dental list. Moreover, pursuant to Dr. McWhorter's treatment protocol, the plaintiff was prescribed amoxil 500 mgs. twice a day for 7 days for the abscess and ibuprofen 600 mgs. twice a day for 7 days for the plaintiff's pain. The medical staff also approved the plaintiff's family to bring the plaintiff a mouth guard to help the plaintiff with problems grinding his teeth.

13. On June 17, 2006, Dianne Williams left a message on the plaintiff's sister's answering machine at home and on her cell phone that the plaintiff was requesting a mouth guard.

14. On June 23, 2006, the plaintiff completed a sick call slip, complaining that he still had a toothache and needed something for the pain. On June 27, 2006, Dianne Williams saw the plaintiff, and noted that he no longer had an abscess. Pursuant to Dr. McWhorter's treatment protocol, the plaintiff was prescribed ibuprofen 600 mgs. twice a day for 7 days to treat the plaintiff's complaints of pain.

15. On July 4, 2006, the plaintiff completed another sick call slip complaining of a toothache. Dianne Williams saw the plaintiff on July 5, 2006, noting that the plaintiff's right upper tooth was red and swollen. The plaintiff was again prescribed, pursuant to Dr. McWhorter's treatment protocol, amoxil 500 mgs. twice a day for 7 days and ibuprofen 600 mgs. twice a day for 7 days.

16. On July 6, 2006, I entered a note, stating that the plaintiff had approached a nurse on pill call and requested that his ibuprofen be left with officers to dispense to him. I explained to the plaintiff that correction officers did not dispense medications and that pill call was twice a day. I also informed the plaintiff that he could buy ibuprofen from store call to have on hand.

17. On July 11, 2006, the plaintiff was up for his pill call. He took his medications, but when he walked away, he spit the pills out of his mouth and went back to his cell. I entered a note on July 11, 2006 describing this incident.

18. On July 13, 2006, the plaintiff complained of an "ongoing toothache." On July 14, 2006, Dianne Williams treated the plaintiff for his complaints. She noted that there were no signs or symptoms of infection. Pursuant to Dr. McWhorter's order, the plaintiff was prescribed Percogesic twice a day for 7 days.

19. On July 14, 2006, I entered a note stating that the plaintiff continued to refuse to order pain medication from store call.

20. On July 17, 2006, I entered a note describing an incident where the plaintiff was at the door for pill call and appeared to be pocketing his Percogesic dosage in his mouth. I requested that the plaintiff allow me to do a mouth check and he walked away. As he turned around, he opened his mouth and he had Percogesic between his tongue and cheek. One of these pills fell to the floor.

21. On July 23, 2006, the plaintiff complained that his tooth was swollen again and that he had a toothache. I saw the plaintiff on July 24, 2006, noting that the plaintiff's right upper last molar had a reddened gum. I noted no exudate or pus pockets. I noted that the plaintiff remained on the dental list and that he had chosen to have analgesics provided by the medical staff. Dr. McWhorter again ordered that the plaintiff receive Percogesic twice a day for seven days.

22. On July 26, 2006, the plaintiff was sent to Dr. Burkhardt, a local dentist, for a dentist consultation and a tooth extraction.

23. The plaintiff's medication administration record ("MAR") demonstrates that the plaintiff was administered all prescribed medication for his toothache.

24. All of the information contained herein is based upon my personal knowledge and the plaintiff's medical chart.

25. All necessary care provided to the plaintiff was appropriate, timely and within the standard of care.

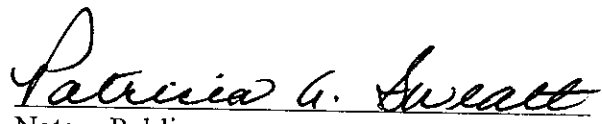
26. On no occasion was the plaintiff ever at risk of serious harm, nor was I ever indifferent to any complaint that he made.


Annette Cain, L.P.N.

STATE OF ALABAMA)
)
COUNTY OF Corington)

I, the undersigned Notary Public in and for said county in said state, hereby certify that Annette Cain, whose name is signed to the foregoing and who is known to me, acknowledged before me that, being fully informed of the contents of said instrument, she executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND and official seal on this the 28 day of August, 2006.


Notary Public
My Commission Expires: 1-29-09

**Affidavit of Annette McCain
Exhibit A**

Southern Health Partners
MASTER PROBLEM LIST

For Patients with Chronic Condition Patients: Chronic Condition is defined as a condition which is
 for Diabetes (T1DM/T2DM), Hypertension, Pregnancy, HIV, AIDS, Asthma, Seizure,
 Diagnosed Mental Illness, CHL, Heranits

Patient's Name (Last/First/Middle): Carroll, William, David
 ID#: 416882767 DOB: 7-15-67 Sex: M Intake Date/s: N/A

Date Problem Identified/Dx	Chronic Condition	M.D. Comments	Date Of Initial M.D. Eval	M.D. Initials
12/17/05	No hernia repair 1987			

H & P Date: 12/17/05 Allergies: NKDA
 PPD Test Date: 12/17/05 PPD Results Date: 12/19/05 PPD Results: 0 mm

Facility Name: Covington Co. Jail

Physician's Orders

Inmate Name: Carroll, William David
SS#: 411688 2767
DOB: 7-15-67
Allergies: NKDA

Covington
County
Jail

Date: 1-5-06
OIBU 800mg BID x
300mg (toothache)
P.P. Dr. McWhorter / D. Williams

Date: 7/14/06 ENOV
IBU 600mg Bid x
7 days
P.P. Dr. McWhorter / D. Williams

Date: 6/5/06
Amoxil 500mg Bid x 7 days
IBU 600 mg Bid x 7 days
P.P. Dr. McWhorter / D. Williams

Date: 7/14/06
Percocet i Bid x 7
days
P.P. Dr. McWhorter / D. Williams

Date: 6/27/06
IBU 600mg Bid x 7
days
P.P. Dr. McWhorter / D. Williams

Date: 7-24-06
O Percocet i BID
x 7 days
P.P. Dr. McWhorter / D. Williams

Date: 7/3/06
Amoxil 500mg i Bid x 7 days
IBU 600 mg i Bid x 7 days
P.P. Dr. McWhorter / D. Williams

Date: 7/3/06
Amoxil 500mg i Bid x 7 days
IBU 600 mg i Bid x 7 days
P.P. Dr. McWhorter / D. Williams

PROGRESS NOTES

PROGRESS NOTES			
Date	First Name	Attending Physician	Room No. Hosp. No.
7/14/06	William David	McWhorter	B
Notes Should Be Signed by Physician			
7/14/06	I/M continues to refuse to order pain meds p/h. Stays calm. No. Williams.		
7/17/06	I/M @ door for pull call. Appeared to be practicing peroxysm in mouth. Requested to do mouth check as I/M walked off. He turned around opening mouth & had peroxysm between tongue & cheek. One falling to floor. Officer Vigor 1st nurse. — C. Camp		

Dr. _____

PROGRESS NOTES

Care #1 William David McWhorter B

Date

Notes Should Be Signed by Physician

6/15/06 I/m seen in medical c. C/O toothache. Ench 1 molar broken off @ gum line. Swollen, swollen c. s/s of infection. Med. ABT & IBU for pain. Also charged for I/m to have family bring in a month guard to help I/m c. problem of spending debt. — J.D. Williams, MD

6/17/06 L/PN left message on I/m's sister's answering machine @ home and on cell phone for I/m requesting a month guard. — J.D. Williams, MD

6/27/06 I/m seen in side call c. C/O toothache. No abscess noted. Rx for pain. Charge for family to bring in IBU for I/m. — J.D. Williams, MD

7/6/06 I/m approached nurse on pill call — wants IBU left to officers to dispense to him during a med. as well as his BID dosing. Explained to I/m that CO's could not dispense it & pill call was BID but he could buy IBU from store call to have on hand. — A. Cain, PA

7/11/06 I/m 1 for pill call. Took meds & when he walked away he spit pills in mouth. & went back to cell. CO's notified & J.D. St. James present. — A. Cain, PA



INMATE SICK CALL SLIP -- MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 7-23-06 Pod/Location: B-BLK Cell: 14 ID# _____

Inmate's Full Name: William David Carroll

Complaint/Problem: Tooth swollen again, Tooth-ache

How long have you had this problem? June 12th, 2006

Inmate's Signature: William D. Carroll Date: 7-23-06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 96⁵ Resp _____ Pulse 69 B/P 142/93

Instructions/Assessment: Document your findings, Inmate's responses/actions (R) 1st

meds with gum nodules, D. exudate.
2 pus pockets noted. Tooth clean.
Once again I'm remains on dental
list + chooses to have Anesthetic
provided by medical. D lymph node swelling.

☒ Received Orders -- thru Treatment Protocols; via telephone order; via verbal order.

☐ Follow-Up Required? If checked, date to be seen again _____

☐ Chronic Condition

☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 7/24/06 Seen by: A. Cain Jr

Place original form in patient's medical record.



INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 7-13-06 Pod/Location: B-BIK Cell: 14 ID# 1

Inmate's Full Name: WILLIAM DAVID CARROLL

Complaint/Problem: On going tooth ache

How long have you had this problem? 31+ days

Inmate's Signature: William D. Carroll Date: 7-13-06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 98.0 Resp 20 Pulse 78 B/P 134/80

Instructions/Assessment: Document your findings, Inmate's responses/actions

C/O toothache. Will Rx for pain.
No S/S of infection noted. Will
Rx c peroxide d/t C/O stomach
upset!

☒ Received Orders - thru Treatment Protocols; via telephone order, via verbal order

☐ Follow-Up Required? If checked, date to be seen again _____

☐ Chronic Condition

☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 7/14/06 Seen by: J.D. Williams, MD

Place original form in patient's medical record

RCD 7/4/06 1700



INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 7-4-06 Pod/Location B-BIK Cell 14 ID# 416-88-2767

Inmate's Full Name: William David Carroll

Complaint/Problem: Tooth - Ache

How long have you had this problem? 25 days

Inmate's Signature: William David Carroll Date 7-4-06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 99.0 Resp 20 Pulse 61 B/P 157/94

Instructions/Assessment. Document your findings. Inmate's responses/actions.

(R)U tooth (back) red and swollen.
Will Rx for abscess and pain

☒ Received Orders – thru Treatment Protocols: via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again _____

☐ Chronic Condition

☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical 7/5/06 Seen by: J. L. Williams, MD

Place original form in patient's medical record



INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 6/23/06 Pod/Location: B-B/K Cell: 14 ID# A/6-88-2767

Inmate's Full Name: William David Carroll

Complaint/Problem: I still have a tooth-ache & am in need of something for the pain.

How long have you had this problem? 15 days to date being 6-23-06

Inmate's Signature William D. Carroll Date: 6/23/06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 101.0 Resp 20 Pulse 72 B/P 140/86

Instructions/Assessment: Document your findings. Inmate's responses/actions

Will Rx C TBU for pain. No
Abcess noted

☒ Received Orders - thru Treatment Protocols: via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again _____

☐ Chronic Condition

☒ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical 6/27/06 Seen by: Dr. Williams, GA

Place original form in patient's medical record



INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 6/12/06 Pod/Location: B-Block Cell: #14 ID# 416-88-2767

Inmate's Full Name: William David Carroll

Complaint/Problem: Tooth-ache

How long have you had this problem? about 4 days - off & on.

Inmate's Signature William David Carroll Date: 6/12/06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97.6 Resp 18 Pulse 65 B/P 154/83

Instructions/Assessment: Document your findings, Inmate's responses/actions

Assess to pain upon tooth. On
dental list. Will Rx c ABT therapy
and IPR

- ☒ Received Orders - thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again _____
- ☐ Chronic Condition
- ☒ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 6/15/06 Seen by: Dr. Williams, CR

Place original form in patient's medical record.



DEPARTMENT OF
CORRECTIONS

INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by a medical staff member. You will be charged in accordance with the medical co-pay system at

Date 1-4-06 Pod/Location D-Block Cell ID# 416-88-2767
Inmate Name William David Carroll
Problem/Concern Was eating supper tonight & a piece of my tooth broke off. It broke beside where the filling is.
How long have you had the problem? Just happen tonight being 1-4-06
Inmate Signature William D. Carroll Date 1-4-06

TO BE COMPLETED BY MEDICAL STAFF:

Inmate's Vital Signs: Temp 97° Resp 18 Pulse 78 B/P 120/72

Document your findings, Inmate's responses/actions
#18 molar broken into gumline. Some pain involved. Placed on dental list. Will RX for pain.

☒ Inmate's condition - thru Treatment Protocols, via telephone order, via verbal order
If checked, date to be seen again

☒ Inmate to be charged through medical co-pay for this visit

Date 1/5/06

Seen by:

A. Cain Jpn

Initial medical record

Southern Health Partners, Inc.

ADMISSION DATA / HISTORY AND PHYSICAL FORM

Exam Date: 12-17-05 S.S.#: 416-88-2767 ID#: 5416882767
Inmate Name: Carroll William David Date Booked: 11-19-2005
Alias: _____ County: _____
Address: 31867 Pigeon Creek Rd Red Level, AL 36474
Telephone: N/A Birthdate: 07-15-1967 Religion: Methoden.
Education Completed: 5th grade Special Education: _____
Marital Status: S M W (D) Separated Read/Write English: (YES) NO Other: _____
Previous Incarcerations: (Facility/Date) Walton CT - Covington County Jail

MEDICAL HISTORY

Notify in Emergency: Linda Bowman Sister
Address: 1401144 Powell Rd. Andalusia AL 36820 Phone: 222-5745
Health Insurance: none
Family Physician: none
Past Hospitalizations (include surgeries): 1987 - hernia repair
Georgia Hosp.
Head Injury with Loss of Consciousness: no Last Tetanus: 2000 Immunization: _____
Allergies: NKA
Current Medication(s): none

MENTAL HEALTH EVALUATION

Hospitalization for Mental Health Reasons: YES (NO) If Yes, Why: _____
Where: _____ When: _____
Psychotropic Meds (Specify type and last dose): _____
Prior Counseling/Out-Patient Treatment for: no
Where: _____ When: _____
Have you ever attempted suicide: no How: _____ When: _____
Have you recently considered committing suicide? no
Do people consider you a violent person? no
Have you ever been arrested for a violent crime/sexual offense? (Specify) yes - murder 2nd. 1986
Street drugs: yes - meth - daily 2/3 yrs. Smoker: yes Elo: no
Inmate's Signature: William David Carroll Date: 12-17-05
Interviewer's Signature: Kelli Ballin JNW Date: 12-17-05
Witness: (if physical is refused): _____ Date: _____

MEDICAL HISTORY & PHYSICAL ASSESSMENT

Problems	Yes	No	Problems	Yes	No	Problems	Yes	No
Vision		/	Hypertension		/	Gonorrhea		/
Hearing		/	Anemia		/	Syphilis		/
Balance/Dizziness		/	Blood		/	Muscle Problem		/
Blackouts		/	Stomach Pain		/	Joint Problem		/
DT's		/	Heartburn		/	Arthritis		/
Headaches		/	Ulcer		/	Other	/	/
Seizures		/	Nausea/Vomiting		/	Other	/	/
Nervous Disorder		/	Gall Bladder		/	Regular Menstrual Period		/
Throat		/	Liver		/	Irregular Menstrual Period		/
Teeth		/	Hepatitis		/	# of days Menstrual Period		/
Asthma		/	Diabetes		/	LMP		/
Hay Fever		/	Kidney Disease		/	Gravida/Para		/
Pneumonia		/	Bladder Infection		/	Last Pap		/
Tuberculosis		/	Trouble Voiding		/	Contraception		/
Heart		/	Pedliculi (Iico)		/	Other		/

EXAM:

Age 38 Sex M Race W Ht. 5'9 Wt. 163.5
 Pulse 50 BP 140/90 Temp. 96.4 Resp. 20

Area/Type	N	A/Comment	Area/Type	N	A/Comment
Skin: Color Condition Turgor Recent Inj.		OK	Chest (Breasts): Configuration Auscultation Respirations Cough/Sputum		OK
Head: Glasses Pupils Sclera Conjunctiva Vision		OK	Heart: Auscultation Radial pulses Apical pulse Rhythm		OK
Ears: Appearance Canals Hearing		OK	Extremities: Pulses Edema Joints		OK
Mouth: Tooth/Gums Dentures Plates Throat Tongue Tonsils		OK	Abdomen: Shape Palpation Hernia Rowel Sounds		OK
Nose		OK	Spine		OK
Neck: Veins Mobility Thyroid Carotids Lymph nodes		OK	Genital/Urinary System		OK

LABORATORY TESTS

	Date & Initial	Results
Was PPD planted and read timely?	12/17/05 [Signature]	12/19/05 ac [Signature]
VDRL / RPR	[Signature]	
Other Lab Tests needed:	[Signature]	
Pregnancy Test?	[Signature]	

MENTAL HEALTH OBSERVATION

	N	A/Comment
Orientation (person, place, time)		X3
General appearance (motor behavior, mannerisms)		Calm/cooperative
Affect (mood)		
Content of thought, history of suicide, present thoughts of suicide		OK

Physical Examiner's Signature: [Signature]

Physician's Signature: [Signature]

Date: 12-17-05

Date:

Tuberculosis Screening and Treatment

Results: _____

What is Tuberculosis:

Tuberculosis ("TB") is a serious, infectious (transmitted through the air) disease that most commonly affects the lungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with fibrous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Fatigue; Weight Loss; Fever; Chills; and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Although TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derivative from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test site is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears and cultures are used to test for active TB.

There are several high risk groups in the US that are known to have a high rate of TB. They include:

- The homeless;
- IV drug users
- Alcoholics;
- Prison inmates
- The elderly;
- Persons with HIV infections/AIDS

Screening:

Upon consent, all new inmates who are processed into jail, without written proof of receiving TB testing in the past year, will receive purified protein derivative (PPD) during the health screening. A nurse will read the PPD forty-eight (48) to seventy-two (72) hours afterwards and document the results in the patient's medical file. The patient will be instructed during the health screening to the necessity of follow-up medical care, the results (both positive or negative) and treatment which may be necessary.

Treatment:

During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest x-ray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed treatment, and follow-up care, etc.

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHP corporate office should be notified immediately. Initiating therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jail will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin test. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove no longer infectious.

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

Consent for Testing/Treatment:

I hereby give my consent for TB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

Signature: William David Carroll

Date: 12/17/05

Witness: Kelli H. [Signature]

Date: 12/17/05

Confidential Medical Information

Covington County Sheriff Printed: Sun Nov 20, 2005	MEDICAL SCREENING FORM WILLIAM DAVID CARROLL (S416882767)	Booking Number 200009274 Booking Date NOVEMBER 19th, 2005
ADMISSION OBSERVATIONS		
Is inmate conscious? <input checked="" type="radio"/> Y <input type="radio"/> N	Is inmate capable of responding? <input checked="" type="radio"/> Y <input type="radio"/> N	Can inmate walk on own? <input checked="" type="radio"/> Y <input type="radio"/> N
Any difficulty breathing? <input type="radio"/> Y <input checked="" type="radio"/> N	Is inmate hostile/aggressive? <input type="radio"/> Y <input checked="" type="radio"/> N	Any visible signs of trauma, bleeding, wounds or illness? <input type="radio"/> Y <input checked="" type="radio"/> N
Did arrest result in injury? <input type="radio"/> Y <input checked="" type="radio"/> N	Any fever, swollen lymph nodes, or jaundice? <input type="radio"/> Y <input checked="" type="radio"/> N	Is skin in good condition and free of vermin? <input checked="" type="radio"/> Y <input type="radio"/> N
Is inmate under obvious influence of alcohol? <input type="radio"/> Y <input checked="" type="radio"/> N	Is inmate under obvious influence of drugs? <input type="radio"/> Y <input checked="" type="radio"/> N	Any visible signs of alcohol or drug withdrawal symptoms? <input type="radio"/> Y <input checked="" type="radio"/> N
Does inmate suggest risk of suicide? <input type="radio"/> Y <input checked="" type="radio"/> N	Do you consider inmate an escape risk? <input type="radio"/> Y <input checked="" type="radio"/> N	
Observations SUBJECT SEEMS TO BE IN GOOD HEALTH AT TIME OF INTAKE		
INMATE QUESTIONNAIRE		
HAVE YOU EVER HAD/HAVE ANY OF THE FOLLOWING ILLNESSES OR CONDITIONS?		
Hepatitis <input type="radio"/> Y <input checked="" type="radio"/> N	Heart Disease <input type="radio"/> Y <input checked="" type="radio"/> N	Mental/Emotional Upset <input type="radio"/> Y <input checked="" type="radio"/> N
Tuberculosis <input type="radio"/> Y <input checked="" type="radio"/> N	Hypertension <input type="radio"/> Y <input checked="" type="radio"/> N	Attempted Suicide <input type="radio"/> Y <input checked="" type="radio"/> N
Sexually Transmitted Disease <input type="radio"/> Y <input checked="" type="radio"/> N	Epilepsy/Convulsions <input type="radio"/> Y <input checked="" type="radio"/> N	Asthma/Emphysema <input type="radio"/> Y <input checked="" type="radio"/> N
Ulcers <input type="radio"/> Y <input checked="" type="radio"/> N	Hemophiliac (bleeder) <input type="radio"/> Y <input checked="" type="radio"/> N	Cancer <input type="radio"/> Y <input checked="" type="radio"/> N
Kidney Trouble <input type="radio"/> Y <input checked="" type="radio"/> N	Aids/Exposed to Aids <input type="radio"/> Y <input checked="" type="radio"/> N	Diabetes <input type="radio"/> Y <input checked="" type="radio"/> N
DT's <input type="radio"/> Y <input checked="" type="radio"/> N	Skin Problems <input type="radio"/> Y <input checked="" type="radio"/> N	Use Insulin <input type="radio"/> Y <input checked="" type="radio"/> N
Drug Addiction <input type="radio"/> Y <input checked="" type="radio"/> N	Alcoholism <input type="radio"/> Y <input checked="" type="radio"/> N	Mental Illness <input type="radio"/> Y <input checked="" type="radio"/> N
Recent Head Injury <input type="radio"/> Y <input checked="" type="radio"/> N	Coughed/Passed Blood <input type="radio"/> Y <input checked="" type="radio"/> N	Recent Hospital Patient <input type="radio"/> Y <input checked="" type="radio"/> N
Recent Treatment <input type="radio"/> Y <input checked="" type="radio"/> N	Use Needles <input type="radio"/> Y <input checked="" type="radio"/> N	False Limbs/Teeth <input type="radio"/> Y <input checked="" type="radio"/> N
Contagious Disease <input type="radio"/> Y <input checked="" type="radio"/> N	Pregnant/Recent Delivery <input type="radio"/> Y <input checked="" type="radio"/> N	
Doctors Name and Address NONE		
Health Insurance NONE		
Special Diet NONE		
Prescriptions/Medications NONE		
Drug Allergies NONE KNOWN		
Descriptions		
I have read the above carefully and have answered all questions correctly to the best of my knowledge. Inmate's Signature _____ Date: _____ Time: _____ Officers's Signature CJ017 MILLER, J.D. Date: _____ Time: _____		

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
IBU 600mg Bid x 7 days	A	NO PAIN																														
	P	NO PAIN																														
IBU 600mg Bid x 7 days	A	NO PAIN																														
	P	NO PAIN																														
Imoxil 500mg i Bid x 7 days	A	NO PAIN																														
	P	NO PAIN																														
IBU 600mg Bid x 7 days	A	NO PAIN																														
	P	NO PAIN																														
Percogesic Ti Bid x 7 days	A	NO PAIN																														
	P	NO PAIN																														
Percogesic Ti BID x 7 days	A	NO PAIN																														
	P	NO PAIN																														

ITING FOR 7/1/06 THROUGH 7/31/06
 Patient McWhorter Telephone No. _____ Medical Record No. _____
 Physician _____ Alt. Telephone _____
 ID# AKDA Rehabilitative Potential _____

Date _____
 Clinical Number _____ Medication Number 416882767 Approved By Doctor _____
 IDENT Carroll, David DOA 7/15/07 Sex M Race B Title _____ Date _____
 Patient Code _____ Admission Date _____

MEDICATION ADMINISTRATION RECORD

[illegible]

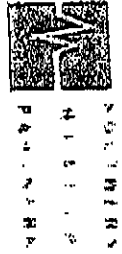
ARTING FOR		THROUGH		Telephone No		Medical Record No.	
Nipian				Alt. Telephone			
Physician				Rehabilitative Potential			
Notes							
Medical Number		Medicare Number		Approved By Doctor		Title	
By		Date		Room		Admission Date	
RESIDENT						Patient Code	

MEDICATION ADMINISTRATION RECORD

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
IBU 800mg BID X 300 days	A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1																

Waiting for Nurse		THROUGH		1-31-06		Telephone No		Medical Record No	
Physician Signed		N KDA				Alt Telephone			
						Rehabilitative Potential			

Mobile Medicaid Number		Medicare Number SS# 416 882767		Approved By Doctor		Title		Date	
RESIDENT		CARROLL, William David		By GCB		Room M D		Patient Code	
								Admission Date	



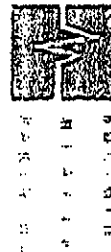
INMATE SERVICES LOG

Site # Name 7085 Covington Co Week of 7/24/06 to 7/30/06

Service Date	Inmate Name (Last First)	Service to be Performed (e.g. Dental, X-ray, ER Visit, Inpatient Hospitalization, etc.)	Location of Service (Inmate, Outpatient, etc.)	Vendor of Service	Diagnosis	Private Status (County, State, Federal, City, etc.) and List Payer responsibility
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7/24/06	Leach, Kenneth	CT Scan	OUT	Southeast	Arteriosclerosis	CO.
7/24/06	Staples, Christina	Evaluation	OUT	South Central	F/U	CO.
7/26/06	Ward, Tony	Evaluation	OUT	Ward	Contusion	CO.
7/26/06	Rhodes, William	Dental	OUT	Dr. Bucknott	Extraction	CO.
7/26/06	Rhodes, Shawn	Dental	OUT	"	"	CO.
7/26/06	Thompson, Ronald	Dental	OUT	"	"	CO.
7/26/06	Callie, David	Dental	OUT	"	"	CO.
7/26/06	Ward, Dennis	Dental	OUT	"	"	CO.
7/26/06	Marsh, William	Eval	OUT	Physicians	Eval	CO.
7/26/06	Adson, Deane	Eval	IN	Adson	Wound	CO.

PAIXEN



TB SKIN TEST VERIFICATION FORM

The following information is to be used to verify the results of the TB skin test. The results of the test should be recorded on this form and submitted to the appropriate authority. The results of the test should be recorded on this form and submitted to the appropriate authority.

William David Carroll
 416-88-2167
 12-17-05
 1967-07-15
 D-Block

Handwritten signature: David Carroll

TEST TO BE READ WITHIN 72 HOURS COMPLETE RECORD INFORMATION

12-19-05

0

Handwritten signature: David Carroll

Handwritten note: (R) arm

Up to date List

DENTIST LIST

Date Today	Inmate Name	Problem	Appt. Day	Complete	Notes
✓ 8/05	Phodes, William		1/4/06	1/11	
8/05	Eddie, Loran		1/4/06	Refused	TX on 1/19
8/05	Morgan, Stone		1/4/06	Released	
8/05	Hobley, Charles			Released	
9/05	Forley, Lloyd			Released	
✓ 9/19	Mary, Samuel		1/4/06	Refused	tx. 1/11/06
10/7	Phillip, Raymond	Broken tooth		Released	
10/20	Wright, Donald	broken tooth		Released	
✓ 10/20	Hunter, Ben	toothache	1/4/06	Released	
10/20	Corsey, Brandon	broken tooth		Released	
10/20	Cumley, James	broken		Released	
10/27	Hunter, James	toothache	1/4/06	Refused	on 2/1/06
✓ 11/5	Carrill, William	broken	1/11/06	Refused	1/11/06
11/8	Lillie, Pollygin	toothache	1/11/06		
✓ 11/12	Shepherd, James	Broken		Released	
11/15	Conrad, Henry	Abscess			
11/17	Toller, Charles	Abscess		Refused	TX on 12/19
11/23	Alberry, Willie	Broken		Released	
11/28	Lanham, Horace	broken		Released	

Revised: 04/06/04 J.C.
COP

DENTIST LIST

Date Today	Inmate Name	Problem	Appt. Day	Complete	Notes
4/4	Gibson, Clint		2/1/06		
12/14	Remond, Tonya		1/1/06		
12/14	Johnson, Chas				Refused tx for 12/19
3/19	Shan, George	Abscess	1/11		
12/22	Hancock, Justin		1/4/06		
12/22	Richburg, Randy	Broken Tooth			refused tx. 2/1/06
12/26	Nice, Chris		2/1/06		
12/27	Lawrence, Kevin		2/1/06		refused tx.
12/29	Whitlow, Ron D				refused tx. 2/1/06
1/2/06	Borgman, Michael		2/1/06		
1/4/06	McElain, Frankie	Broken / decayed	2/1/06		
1/5/06	Carroll, William David	broken / decayed	2/1/06		ref. tx
1/16/06	Spindemire, Daniel	broken			
1/17/06	Goldsmith, Gloria	vertical crack			
1/20/06	Hancock, Justin	Broken / Abscess			3/1/06
1/29/06	Thinn, Jonathan	infracted wisdom tooth			
2/2/06	McBurt, Stacy	tooth broken into gum			
2/5/06	Riley, Christopher	Winded tooth ? hole decay			3/1/06
2/6/06	Kelley, Joel	ABSSCESS	2/7/06		

Revised 04/06/04 J.C.

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